

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/899322

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102		1				
103		1				
104		1				
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150						
TOTAL IND.		4				
TOTAL DEP.		4				
TOTAL CLAIMS		4				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
151	1					
152		1				
153		1				
154		1				
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TOTAL IND.		2				
TOTAL DEP.		3				
TOTAL CLAIMS		5				

CLAIMS ONLY

SERIAL NO.
09/899,322

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS